

**Advanced Imaging Management
Planning Workgroup**

**Phase Three Summary
February 15, 2011**

Background

The initial AIM Workgroup (Workgroup) was convened by the Health Care Authority (HCA) as directed by the Washington State Legislature in Engrossed Substitute House Bill (ESHB) 2105 which was signed by the Governor and enacted as chapter 258, Laws of 2009. Specifically, the workgroup was convened to:

- Identify evidence-based best practice guidelines or protocols applicable and decision support tools applicable to advanced diagnostic imaging services to be implemented by state purchased health care programs. Section 2(1).
- Report its findings and recommendations to the Governor and the appropriate committees of the Legislature no later than July 1, 2009. Section 2(5).
- Explore the “feasibility of using the guidelines or protocols for state purchased health care services that are purchased from or through health carriers and all payers in the state (to be completed no later than July 1, 2010).

Phase One - May to July 2009:

The Workgroup was formed and worked to identify evidence-based guidelines and any decision support tools applicable to advanced imaging for implementation by state agencies. The workgroup completed a review of decision support tools, finding there were two general “program models”: Clinical Decision Support and Benefits Management Systems. Additionally, guideline review was completed and found the lack of evidence basis of the criteria to be of concern.

The work product of the Phase One Workgroup is electronically available on the HCA website at <http://www.hta.hca.wa.gov/aim.html>.

Phase Two - September 2009 to June 2010:

The Workgroup began to explore the feasibility of applying the recommendations to all, or most, payers statewide. The Workgroup expanded its membership and invited representation from larger provider groups to discuss the feasibility of a state-wide solution; the November 2009 and January 2010 meetings included broader participants. Meeting topics and discussion included:

1. Overview of legislation and phase one workgroup research and recommendations and agency implementation.
2. Review of Minnesota’s ICSI program, which completed a demonstration of a multi-payer and multi-provider, centralized advanced imaging project.
3. Current status and potential interest and feasibility of a statewide project to address the costs and resource use associated with advanced imaging.
4. Agreement on interest and core principles.

The group agreed upon the following core principles:

- Decision support based
- Institutional gold card
- No conflict with WA Health Technology Assessment Program
- Include “hard stops”
- Implement at point of order
- Accreditation and HIPAA compliance

The planning group would address the requirements for a statewide process, which included agreement on:

1. Governance
2. Resources
3. Solution Description
4. Data
5. State Role and Legislative needs

Completion of Phase Two of the project marked the end of the legislatively mandated work. The work product of the Phase Two Workgroup is electronically available on the HCA website at <http://www.hta.hca.wa.gov/aim.html>.

Phase Three - July 2010- February 2011:

For Phase Three, a voluntary group agreed to continue a six-month planning group of key organizations that would be likely to implement (providers and plans) and the hiring of a half-time project manager to advance the development of a business case for a statewide process (or processes) for advanced imaging management.

Steve Hill, WA DRS Director was asked by the group to continue in his role as chair and Leah Hole-Curry to continue as facilitator. Puget Sound Health Alliance was asked and agreed to facilitate the overall collaboration and hiring of the project manager, Dr. Alexis Wilson. Organizational members listed below agreed to participate and contribute financially to hire the project manager and fund continued meetings.

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|---------------------------------------|----------------------------------|
| • Community Health Plan of Washington | • Rockwood Clinic |
| • Franciscan Health System | • Swedish Medical Center |
| • Group Health Cooperative | • The Everett Clinic |
| • Multicare Health System | • UW Radiology and Medicine |
| • Premera Blue Cross | • Virginia Mason Medical Center |
| • Providence Health System | • WA State Health Care Authority |
| • Regence Blue Shield | • Wenatchee Valley Medical |

Phase Three - AIM PLANNING WORKGROUP GUIDING PRINCIPLES

In June, 2010, this Phase Three AIM Planning Workgroup (Workgroup) discussed the core principles listed below and voted affirmatively to adopt them.

The statewide process(s) defined by the planning group will satisfy the following six agreed upon core principles:

1. **Decision support based** – Electronic system with transparent, evidence-based criteria for imaging ordering that is capable of being added to a provider's electronic medical record or accessed via the web
2. **Institutional “gold card”** – Providers that can clearly demonstrate current and ongoing evidence-based management of advanced imaging (across all categories of interest) qualify for a ‘bypass’ of system with benchmark and outcomes reporting
3. **No conflict with WA Health Technology Assessment (HTA)** – Criteria in electronic system do not conflict with decisions of Washington HTA program
4. **Include “hard stops”** – Imaging that does not meet agreed-upon criteria is not reimbursed by payers
5. **Implement at point of order** – provider ordering test accesses criteria to enhance decision support *before* proceeding to ordering
6. **Accreditation and HIPAA compliance** – electronic transactions and processes will meet appropriate legal and quality standards (e.g., HIPAA, URAC, etc.)

Phase Three Summary, July, 2010 – February, 2011

This Phase Three Workgroup considered the difficulty of maintaining locally a set of guidelines for the large complete number of procedures used in advanced imaging. In addition, the Workgroup considered that the commercial payers had all contracted with vendors for an imaging solution, and that these payers expressed a reluctance to replace these contracts in favor of a locally-maintained solution. For these reasons, the Workgroup decided that the most likely path to success was to settle on one (or, failing that, two) favored vendors. It thus undertook the task of revisiting the offerings of these vendors.

The Workgroup issued a Request for Information (RFI) which included an expectation that they meet the six core principles, to imaging management vendors in September. Eight organizations responded and six were invited to present their system to the group. The Workgroup considered all responding organizations carefully. They did not find substantial differences among the Decision Support (DS) based vendors or the Radiology Benefit Management (RBM) based vendors except for two key issues:

1. One of the RBMs is currently in use with two large Workgroup members representing the dominant market share of commercial beneficiaries; and
2. One DS system has an existing, working interface with Epic.

A business case could not be made for Workgroup members to change from their current or planned RBM or DS system already in place to control imaging utilization. The Workgroup, however, did reach a consensus (below) and expressed a desire to continue discussions about utilization management for advanced imaging.

The Workgroup members agree on the following:

- Advanced imaging is over-utilized, causing harm by unnecessary radiation and high costs without benefit
- Most imaging guidelines/criteria include content that is substantially the same
- Total cost and benefit to the “state commonwealth” are important additional guiding principles to consider
- The existing AIM meeting process is beneficial to improve understanding among provider and payer perspectives
 - There will be a benefit from having multiple payers and providers groups working together to develop *common* utilization management strategies to manage costs in other high cost areas such as C-sections, spinal surgery and oncology

Payer Perspective

Current Radiology Based Management (RBM) systems are working well for Workgroup member payers to control imaging utilization. Use of the RBM systems initially saved the payers 10-12% annually, and utilization is currently in an arrested, flat, trend. Select payers see potential to further decrease utilization as they move toward a ‘hard stop’ denial system in the next six months. Payers remain frustrated at provider compliance with the guidelines in place. Compliance with guidelines is currently only approximately 50% of the total claims that are paid. The payers note that many of the noncompliant providers are large delivery systems that, they believe, are able to avoid compliance due to market leverage. The payers also note that there are large systems with internally-developed criteria for a subset of advanced imaging procedures, but none that are working to control all advanced imaging. For the payers to reach an adequate business case to change existing RBM practices, providers need to commit to a higher level of adoption.

Provider Perspective

Decision Support (DS) systems embedded in provider EMRs are also demonstrating downward trends in utilization. Decision support at the point of physician order has appeal to many providers because they are easier to use and afford an opportunity to provide provider and patient education at the same time. DS tools are needed to change physician behavior as providers move toward risk-based payments. It is important to those providers with computerized physician order entry (CPOE) that the DS vendors have a working interface with the CPOE systems. This is especially true for the Epic system because it is already in use in several large provider systems, and there is not yet a business case for the large providers using Epic to alter their current strategy.

Small Providers: A hosted decision support tool for smaller providers is not substantially different from using an RBM. The Workgroup recognizes that a portion of the Washington provider, payer, and patient community is not represented by the current Workgroup members.

The Workgroup further acknowledges that DS systems build quality into the process of electronic image ordering at the point of service more directly than RBM systems, and RBM systems are not as consistent with the first guiding principle regarding decision support. However, the Workgroup also acknowledges that current conditions do not support *rapid* movement to a uniform DS system. These conditions include (1) provider group under-utilization of advanced imaging management systems (non-compliance); (2) rate of adoption of electronic health records with decision support capability at the point of service; and (3) unproven ability of a DS vendor to support implementation on a large scale. Given this, the Workgroup set both near and long term goals as follows:

Recommendations from Phase Three*

1. Near Term Goal: It is recommended that within the next 24 months, all payers and large provider systems within the state of Washington migrate to using a commercial vendor for managing utilization of the full set of procedures used in advanced imaging. The committee favors two vendors: American Imaging Management (RBM) or Nuance (DS). It will be within a Payer's authority to exempt a specific provider group from participation in the selected vendor programs conditional upon meeting certain criteria.
 2. Provider adoption (i.e., active use of one of these two systems) is a key business goal. Future improvement will be driven, in part, by consistent provider adoption.
 3. Near term migration to a maximum of two systems for managing advanced imaging utilization will contribute to administrative simplification and will enable data accumulation to view trends and potentially produce comparative reports to further identify opportunities for improvement.
 4. Long Term Goal: As payers and providers actively use one or the other system and we gain additional experience to better understand the business case associated with each vendor, it is hoped that we can migrate further toward the common use of a single vendor, including state agencies.
- These recommendations represent the majority viewpoint of the Workgroup, but were not unanimously supported.

Additional Comments* on Phase Three Summary

The undersigned would like to add the following comments to the AIM Phase Three Summary to clarify either their votes in favor or in opposition to the findings of the report.

We are all appreciative of the hard work and open dialog associated with this process. We believe the process increased all participants understanding of the quality, affordability, and outcomes implications of managing advanced imaging.

We believe two of the principles that came from the phase two effort provide an excellent framework to use for clarification and expression of our reservations:

Decision support based – *Electronic system with transparent, evidence-based criteria for imaging ordering that is capable of being added to a provider's electronic medical record or accessed via the web*

The committee report favors two vendors, one that is not decision support based. Further, the report does not reflect the extensive discussion of an alternative for large providers, which is to build advance imaging management into the quality systems internal to the organization and then measure the results. Data presented to the workgroup, including peer-reviewed medical research, demonstrated superior results of these methods in terms of reduced utilization when compared to commercial inspection systems. Information presented to the committee also indicated that for large provider groups, commercial inspection systems add hundreds of thousands of dollars of additional cost per year related to the requirement that providers interact with a commercial system for each advanced imaging test, a cost avoided by building decision rules into provider workflow.

Institutional "gold card" – *Providers that can clearly demonstrate current and ongoing evidence-based management of advanced imaging (across all categories of interest) qualify for a 'bypass' of system with benchmark and outcomes reporting*

The committee report recommends: "It will be within a Payer's authority to exempt a specific provider group from participation in the selected vendor programs conditional upon meeting certain criteria." This is not consistent with the principle and places all of the control of providing a "bypass" with each different payer. Further, it leaves out the real payers – employers and patients.

Organizations in support of these Additional Comments:

- MultiCare Health System
- Providence Health System
- Rockwood Clinic
- Swedish Medical Center
- The Everett Clinic
- Virginia Mason Medical Center
- Wenatchee Valley Medical